



The Rome Runners Club Presents the
**Gary Tillman Memorial
 Clocktower 5K Road Race
 and 2 Mile Health Walk**
 Saturday, August 15, 2009 at 8:00 AM

Benefitting the Exchange Club Family Resource Center
 for the Prevention of Child Abuse

USATF Certified Course GA95015WC

LOCATION: Barron Stadium - Corner of West 3rd Street & 2nd Avenue, Race runs through Historic Downtown Rome, Georgia

REGISTRATION: Pre-registration by mail until August 8, 2008, or through www.active.com. Register on race day from 7:00 to 7:45AM
 Registration for 5K is \$15 postmarked by 08/08; \$20 after 08/08. Health walk is \$12 postmarked by 08/08; \$15 after 08/08

PRE-RACE PACKET PICKUP: *Avoid the crowds! Pre-registered runners may pick up race packets and numbers on Friday, August 14th, from 4:00 pm until 6:00 pm at Pro Performance, 314 East First Avenue*



AMENITIES: Short-sleeved tee-shirts guaranteed to all pre-registered runners.
 Great runners' packets, music, refreshments, pre- & post-race massage, fantastic door prizes.
 All participants in 5K and Health Walk are eligible for door prizes. You must be present to win.

SHOWERS: Available at YMCA, 810 East 2nd Avenue (9 blocks from the Start / Finish area and parking)

5K AWARDS: Male and Female - 1st place for Overall, Masters, and GrandMasters; 1st, 2nd, and 3rd in each age group:
 10 & under, 11-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74,
 75 & Over

Results published in the *Rome News-Tribune*, *Running Journal*, *Georgia Runner*, and at www.romerunnersclub.org.

After the race, be our guest in Georgia's Rome - Enjoy one of our many restaurants, browse our museums, gift shops, or retail stores, or take a tour of the Clocktower or downtown Rome. For more information visit www.romegeorgia.org.

For Information Contact: Gail Johnson at 706-235-3035 or by email at gailj1@bellsouth.net



ATTENTION: Please read carefully and print all information. Waiver must be signed. If under 18 years of age, applicant must have signature of parent or guardian in addition to his/her own. Illegible or incomplete entries will not be accepted. No refunds. Race will be held rain or shine. Bicycles, skateboards, baby joggers or strollers, roller skates or inline skates, and other wheeled conveyances, radio headsets, and animals are not permitted due to insurance considerations.

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CLOCKTOWER ROAD RACE - August 15, 2009

Circle One: 5K Race 2 Mile Walk



Mail entry form and checks payable to:
Rome Runners Club
 P.O. Box 152
 Rome, GA 30162-0152

Name: _____ Age: _____ Date of Birth: _____ Gender: M F
Circle One

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____ Shirt size: YM S M L XL XXL
Circle One

If you wish to make an additional contribution to help prevent child abuse, please make checks payable to the Family Resource Center.

Waiver:

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I for myself and anyone entitled to act on my behalf, waive and release Rome Runner's Club and all sponsors, their representatives, and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

I certify that I am 18 years of age or older, or that I am the Parent/Guardian of the entrant and am granting permission for him/her to participate.

Signature

Date

Parent/Guardian (If under 18)

Date